

Part 1 - Administrative Requirements for Potential New Programs

July 2015

Alaska Child and Adult Care
Food Program
(CACFP)



Fiscal Year 2015
(10/1/14 – 9/30/15)

[Introduction]

- The CACFP serves nutritious meals and snacks to eligible children who are enrolled for care at participating programs
- Child care centers have the option to participate either under a sponsoring organization or independently in direct agreement with the State agency
- Independent centers (institutions) enter into agreements directly with the State agency
- Agencies are reimbursed after the meals are served & counted

[History of CACFP]

- 1975 P.L. 94-105 Authorized Child Care Food Program (CCFP)
- 1978 P.L. 95-627 Made CCFP permanent & added the Seriously Deficiency Process
- 1987 P.L. 100-175 Added Adults to the Program
- 1989 P.L. 101-147 Changed name to CACFP
- Number of changes in these years but biggest change:
- 2010 P.L. 111-296 Amends the 1946 & 1966 Acts
Healthy, Hunger-Free Kids Act – signed 12/13/10

USDA – Child and Adult Care Food Program

■ Legislation

- Richard B. Russell National School Lunch Act 1946
- Child Nutrition Act of 1966
- Implementing the Healthy, Hunger-Free Kids Act of 2010
 - Changing meal patterns (WIC/dietary guidelines)
 - Started with new milk requirements 10/1/11

USDA – Child and Adult Care Food Program

- Regulations
- 7 Code of Federal Regulations (CFR)
Part 226

<http://www.fns.usda.gov/cnd/care/Regs-Policy/Regulations.htm>

USDA – Child and Adult Care Food Program

- FNS Instructions
- Posted on CNP website
- Provide guidance
 - I.e. FNS Instruction 796-2 Rev. 4 – Financial Management in CACFP

<http://education.alaska.gov/tls/cnp/>

USDA – Child and Adult Care Food Program

- Policy Memos
- Distributed through Alaska Bulletins and USDA website
- Guidance on specific topics
- All programs responsible for Policy Memos and other information provided in Bulletins

<http://www.fns.usda.gov/cnd/Care/Regs-Policy/PolicyMemoranda.htm>

What type of programs are eligible to participate?

- Licensed child care centers
- Head Start facilities
- Preschool facilities
- Adult care centers
- Family emergency shelters
- Afterschool programs
 - At-Risk sites and Outside School Hours Care sites (normally non-licensed)
- Family day care homes

[Additional Eligibility]

- For profit centers:
 - At least 25% of children in care (enrollment or licensed capacity, whichever is less) are eligible for free or reduced price meals or receive benefits from Title XX of the SS Act
- Homeless program must be residential family shelter
 - RCCI's (youth shelter programs) participate under NSLP
- Child and adult care programs must be nonresidential

[Reimbursement]

- Agencies reimbursed after they've incurred the expenses
- For Adult and Child Care Centers & Outside School Hours Care Centers:
 - Rates determined by gathering income information using the Confidential Income Statement
 - Annual survey of enrolled participants to establish rates for fiscal year called One Month Enrollment Report (OMER)
- At-Risk Afterschool Meals Program
 - Free rate due to area eligibility
- Emergency Shelters
 - Free rate due to nature of program

[Reimbursement Rates]

July 2015 – June 2016
CACFP

	Above Scale	Reduced Price	Free
Breakfast	\$0.43	\$2.36	\$2.66
Lunch/Supper	\$0.48	\$4.59	\$4.99
Snack	\$0.12	\$0.68	\$1.37

[How many meals per day?]

- Centers may claim reimbursement for a maximum of:
 - 2 meals and 1 snack daily
 - 2 snacks and 1 meal daily
- At-Risk Meals (during school year)
 - 1 snack and/or 1 supper daily after school
 - 1 snack and/or 1 other meal daily on weekends/h
- Emergency Shelters
 - 3 meals daily (this could be breakfast, pm snack, supper if child is in school for lunch)

Maximum per participant

[Regulations 7 CFR 226 - CACFP]

- .2 Definitions
- .15 Institutional provisions
- .16 Sponsoring Organization provisions
- .17 Child care center provisions
- .17a At-Risk afterschool care center prov.
- .19 Outside school hours care center prov.
- .20 Requirements for meals

Regulations 7 CFR 226.6 State Agency Requirements

- One area that we are focusing on from 226.6:
 - Before bringing a new program onto the CACFP the state agency must ensure they are:
 - Viable, Capable, & Accountable
 - (VCA)

Regulations

Basic Requirements

- Tax exempt or meet for-profit require.
- New applications and renewals
- Accept final administrative and financial responsibility
- Provide adequate supervisory & operational personnel
- Pre-approval visits for all facilities
- Recordkeeping – outlined on next slide

[Regulations Recordkeeping]

- Application & supporting docs
- Enrollment & income eligibility
- Daily attendance
- Daily meal counts (not on attendance)
- Daily meal counts for adult staff
- Invoices/receipts/records of costs and income
- Claims submitted within timeframe

Regulations

Recordkeeping, cont.

- Receipts of program payments from state agency (SA)
- Menus, recipes, recipe analysis, production records
- Monitoring records
- Training sessions (& attendance at training of monitors)
- Non-profit food service

Regulations

Basic Requirements, cont.

- Perform edit checks prior to claim submission
- Permanent Agreement with the state
- Proper commodity utilization
- Record retention 3+ current year
- Comply with regulations, instructions, & guidance
- Ensure WIC material available
- Make payments to sub-recipients within 5 working days of receipt from SA

[Additional Requirements for At-Risk Afterschool Meals]

- Meet definition of an At-risk afterschool care center
- Area eligibility for At-Risk programs
- Only claim reimbursement for children participating in an approved afterschool care program during school year

[Preliminary Application]

■ Viable

- Can operate without the use of federal funds
- Agency/Center Budget & Food Program Budget
- Financial Documents must be in GAAP format (Generally Accepted Accounting Principles)
 - (hiring a bookkeeper or accountant is a good idea)

[Preliminary Application]

- Business Financial Documents for prior year and present year
 - Statement of New Assets
 - Balance Sheet
 - Income Statement
 - Profit/Loss – Budget vs. Actual
 - Financial Statement Audit if applicable
 - Business Plan

Our Finance Dept. looks at these very closely

[Preliminary Application]

- Attachment A (Budget)
 - List all projected expenses that you expect
 - Operating – kitchen
 - Administrative – office related
 - Other – need to be specific to be approved
 - List what you project to receive from CACFP
 - Ann-Marie will help you figure this out
 - List what other revenue you have to **balance your budget**
- Attachment B (Staffing Plan)
 - Backs up Attachment A with labor costs
 - Should have job descriptions that include CACFP/food program

Preliminary Application Attachment A

Child and Adult Care Food Program		
Sponsors of Centers/At-Risk/Emergency/OSCH/Head Start		
Attachment A: Food Service Budget		
Enter the estimated ANNUAL food service operating and administrative costs. Sponsors that will use CACFP reimbursement for CACFP Labor Costs must complete and submit Attachment B: Labor Worksheet. For Allowable Costs refer to FNS Instruction 796-2, Rev. 4. You may be asked to send additional back-up documentation to justify your budget.		
Sponsor Name:		
FOOD SERVICE OPERATING COSTS		
Line Item	Enter Projected Operating Costs \$	Submit documentation w/budget unless * (then keep in your file)
Program Food	\$30,000.00	*Receipts
Non-Food Expense (kitchen supplies)	\$8,000.00	*Receipts
Operational labor and benefits (auto-fill from Attachment B)	\$18,240.00	*Time sheets for actual hours spent on CACFP
Purchased Services (describe)		Contract/Invoices (submit)
Other Program Expenditures: (Equipment)		Invoices/Receipts (submit)
Other Program Expenditures: (Transportation)		*Invoices/Rec/Mileage form
Other Program Expenditures: (Garbage allocated)	\$100.00	Allocation Plan attached
Total Food Service Operating Costs	\$56,340.00	

Preliminary Application

Attachment A - continued

Circle appropriate Answer		
YES	NO	We use CACFP reimbursement for administrative expenses. If yes, we understand that at least 85% of the meal reimbursement must go toward the food service operating costs and only 15% may go towards administrative costs as shown below.
CACFP ADMINISTRATIVE EXPENSES		
Line Item	Enter Projected Admin Costs \$	Submit documentation w/budget unless * (then keep in your file)
Administrative labor and benefits (auto-fill from Attachment B)	\$648.00	*Time sheets for actual hours spent on CACFP
Administrative: (Services -fully describe)		Allocation Plan (submit)
Administrative: (Supplies -fully describe)		Allocation Plan (submit)
Administrative: (Transportation/monitoring)		*Mileage log
Total Administrative Costs	\$648.00	
TOTAL ANNUAL FOOD SERVICE COSTS		
(Operating Costs plus Administrative Costs)	\$56,988.00	
ANNUAL FOOD SERVICE INCOME		
Source	Annual Income	Source(s)
Anticipated CACFP Annual reimbursement	50,000	USDA CACFP
Anticipated Other food service income	6,988	Tuition
Anticipated Total Food Service income	\$56,988.00	
TOTAL COSTS AND TOTAL INCOME SHOULD EQUAL		

Preliminary Application Attachment B

Food Service Operating labor Position/Title	Number of personnel in position	Number hours spent/day on CACFP duties	Hourly wage	Hourly benefit	Number Operating days/mo	Total monthly labor	Number of Operating Months	Total annual labor	Specific CACFP job duties
Cook	1	6	10		20	1200	12	14400	prep/cook/clean up
Kitchen Assistant	1	2	8		20	320	12	3840	prep-clean up
						0		0	
						0		0	
						0		0	
						0		0	
						0		0	
TOTAL Annual Food Service Operating labor								18240	

Administrative Labor Position/Title	Number of personnel in position	Number hours spent/day on CACFP duties	Hourly wage	Hourly benefit	Number Operating days/mo	Total monthly labor	Number of Operating Months	Total annual labor	Specific CACFP job duties
Food program coor.	1	2	12	1.5	2	54	12	648	meal counts, time sheets
						0		0	
						0		0	
TOTAL Annual Administrative Labor								648	

Preliminary Application Allowable Costs

From FNS Instruction 796-2, rev. 4

“Generally allowable costs.”

Q. The last sentence in the description of generally allowable costs is confusing (“Approval of the budget results in the approval of the budget line items but is not a guarantee of the allowability of any particular cost or funding of the budget line item”) (Section VIII Standards for Allowable Costs, D). Does the State agency’s approval of a line item in a budget mean that all costs included in the line item total are allowable?

A. A line item that received approval does not necessarily mean that all costs included in the line item total are allowable. For example, training is a generally allowable cost item. An institution enters \$3,500 in the training line item but does not list what cost items are included in the \$3,500. The State agency learns during a review that the \$3,500 included tote bags and coffee mugs with the Agency logo for each participant. Tote bags and coffee mugs with the Agency logo are not allowable expenses.

Another example of a generally allowable cost item is food costs. Food costs are allowable, but the State agency learns the institution is serving a fruit drink instead of 100 percent fruit juice. Fruit drinks are not a creditable food item and would not be an allowable food cost.

[Preliminary Application (Other Items to submit to State)]

- Submit with Preliminary Application:
 - Financial Documentation for your business
 - Proof of Non-Profit Status

[Application after preliminary is complete (list of forms)]

- Application and Management Plan
- Center Site Information Sheet
- Permanent Agreement
- CNP Web User Authorization Request & Signatory Authority
- One Month Enrollment Report (OMER)
E-mail Excel file to EED with attendance

[Application (list of forms cont.)]

- Free and Reduced Price Policy Statement
- Pre-Award Civil Rights Review
- CACFP Vended Food Service Agreement
- New Vendor form
- Outside Employment Policy
- Public Media Release
- At-Risk Afterschool Meals Addendum

[Application]

- Management Plan

- How your center is operating the CACFP
- Shows the systems you have in place for compliance
- Have available for future use and will update yearly
- Shows your agency/center is Capable and Accountable

[Application & Management Plan]

- Shows that you:
 - Can operate a food program
 - Can manage finances
 - Have adequate staff that are trained
 - Have adequate infrastructure

Application & Management Plan

■ Accountable

○ If non-profit – have board of directors

- Board has oversight & can hire/fire Exec. Dir.
- Regular meetings, etc.

○ Certification of Principals

- Have not been a principal in an org. participating in a publicly-funded program that has been ruled ineligible as a result of violating that program's requirements during past 7 years
- Have not been convicted of a business-related offense during the past 7 years
- Not on the CACFP National Disqualified List (NDL)

[Application & Management Plan]

■ Training Plan

- List all CACFP training and dates of planned training for your staff

■ Monitoring Schedule

- List when you plan on doing your required monitoring visits to site(s)
- List when you have done your monitoring visits

[Application]

Permanent Agreement

- Agreement with the State of Alaska
- Signed by authorized representative of your organization
- Signed by authorized representative of Alaska Department of Education & Early Development
- Keep on file indefinitely

[Application]

- Center Site Information Sheet(s)
 - Particular information for each site
 - Meal Times, Licensing, enrollment
 - Name of person in charge at the site

Application

■ CNP Web User Authorization Request & Signatory Authority

	<p style="text-align: center;">CNP Web User Authorization Request and Signatory Authority</p>	<p>Learning and Learning Support Child Nutrition Services 801 West 10th Street, Suite 200 PO Box 110500 Juneau, Alaska 99811-0500 907- 465-8708 FAX 907-465-8910</p>
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Instructions: Complete and mail or fax this form to Child Nutrition Services. Retain a copy for your files. Everyone who requires access to the CNP Web must complete this form annually. A separate form must be completed for each user. The user log-on and password are not to be shared with anyone.

Representing: _____
Sponsor/Agency Name(s)

New User Name: _____
Last First Middle Initial Title

Mailing address City State Phone Number

Your password and instructions will be sent to you by e-mail

Application

New user email: _____

Check programs and type of access:	NSLP*	SFSP*	CACFP*	Commodities
View only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claim entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* National School Lunch Program, Summer Food Service Program, Child and Adult Care Program



Please terminate access for:		Reason
Name		<input type="checkbox"/> No longer an employee
Title		<input type="checkbox"/> Change in job task
Requested by	Date:	<input type="checkbox"/> Security compromised
Processed by EED	Date:	<input type="checkbox"/> Other:

A password will be assigned to me by the Alaska Department of Education and Early Development, Child Nutrition Services and I agree to change it to a unique and secure password that only I will know and use. I understand that using the user name to submit data on the CNP website is equivalent to an original signature for purposes of official documentation. By using the user name and password, I certify that the information transmitted is complete and accurate.

User name and password are individually assigned and, to maintain the integrity of the data, may not be shared. If another user

- Give Program Access: View Only/Claim Entry/Data Entry
- Terminate Program Access
- Authorized Signature

Application - One Month Enrollment Report (OMER)

- Reimbursements are based on a “snapshot” of center’s enrollment for one month
- Completed at start-up and annually (October each year)

7 CFR 226.9(b)(2)

Application- OMER

- Enrollment - You can use your enrollment form but it needs to have:
 - Days/hours of care, meals expected, & parent signature annually

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the table below for all children in your household that are enrolled at this facility. The information below should be completed by the parent/guardian. Please use the guides below the table to complete and sign and date the form below.

Child's First Name	Child's Last Name	Date of Birth	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
			____ to ____	M T W TH F Sat Sun	B AM L PM S LPM
			____ to ____	M T W TH F Sat Sun	B AM L PM S LPM
			____ to ____	M T W TH F Sat Sun	B AM L PM S LPM
			____ to ____	M T W TH F Sat Sun	B AM L PM S LPM
			____ to ____	M T W TH F Sat Sun	B AM L PM S LPM

Guide:

Normal hours of care: Insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.

Normal days of care: Circle the days of the week the participant(s) are usually in attendance at the facility.

(M=Monday; T=Tuesday; W=Wednesday; TH=Thursday, F=Friday, Sat=Saturday, Sun=Sunday)

Meals Normally Eaten: Circle the meals the participant(s) usually eat at the facility.

(B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening Snack)

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Home Telephone Number () _____ Work Telephone Number: () _____

[Application- OMER]

Four Steps:

- 1) Distribute sample Letter to Parents with the Confidential Income Statement
 - Let state know what month you will be using
 - Distribution may begin any time after you receive the new CIS from the Child Nutrition Programs when you have enrolled children
 - Eligibility must be based on information reported on the Confidential Income Statement
 - Take off “sample letter” & replace with your letterhead

[Application- OMER]

2) Document Enrollment and Eligibility Status on OMER

- All children who are enrolled at the center during the study period must be counted & recorded on the OMER (excel document).
- Use name that is on their Confidential Income Statement (no nick names)
- Yearly study in October – valid for 12 months

[Application- OMER]

3) Categorizing & Approving the Confidential Income Statements (CIS):

- Must be signed & dated by the parent during the study period
- Determination by the center should be done within the study period
- A child will be counted as over income if the form is not complete
- Last 4 Digits of SSN necessary except for categorical eligible children (i.e. SNAP, TANF, Head Start or free/red from school docs)

[Application- OMER]

Confidential Income Statement (CIS)

- PFDs
 - Use the PFD sent out in October 2014
- Sequence of income
 - All income will have to be annualized (multiplied by factor to equal yearly income) if they receive a PFD

[Application- OMER]

4) Documentation for the OMER documentation. A yearly file folder containing the following back-up should be kept at the center:

- Copy of OMER
- Attendance records/roster for the month
- List of all enrolled children
- Categorized CIS for each child or school doc.

Application- OMER Confidential Income Statement

■ PFDs

- Starting in January you must use this year's PFD (\$1,884) that was received (even if it was garnished) in October 2014

■ Sequence of income

- All income will have to be annualized (multiplied by factor to equal yearly income) if they receive a PFD

Application- OMER Confidential Income Statement

■ Eligibility – Confidential Income Statement (CIS)



2015-2016 Confidential Income Statement (CIS) _____ **CIS/CACFP Number** (agency complete)

PART 1. All Household members (if you need more space use a separate piece of paper)

**If ALL children listed below are foster children, complete Part 1, then skip to Part 5 to sign this form.*

Names of ALL household members (First, Middle Initial, Last)	Center or Provider Name for Each Participant	Birthdate (month/day/yr)	Foster Child	Check if approved for PFD issued in 10/2014	Check if approved for PFD issued in 10/2015
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

PART 2. Benefits

If any member of your household receives [State SNAP], [FDPIR], [State TANF], or Adult Participants who receive [Medicaid or SSI] provide the name and case number & program name (ie SNAP) for the person who receives benefits and skip to Part 5. **If NO ONE receives these benefits, skip to Part 3.**

Name: _____ Case Number: _____ Program _____

PART 3. If any child is enrolled in Early Head Start, Head Start, or receives free or reduced meals at school check the appropriate box. [Document by including letter from EHS/HS/or School]

Early Head Start ☐ Head Start ☐ Free Meals at School ☐ Reduced Meals at School ☐

Application- OMER

Confidential Income Statement

PART 4. Total Household Gross Income. <i>You must tell us how much and how often.</i>				
Name (List ALL Adults and children in the household with income.)	Gross income how often it was received <i>A=Annual; W=Weekly; E2=Every 2 Weeks; T=Twice A Month or M=Monthly</i>			
	Earnings from Work before deductions	Welfare, Child support, Alimony	Pensions, Retirement, Social Security	All Other Income
<i>EXAMPLE - Jane Smith</i>	<i>\$199.99/ Weekly</i>	<i>\$149.99/ Every 2 weeks</i>	<i>\$99.99 / Monthly</i>	<i>\$2,500/ Annual</i>
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

PART 5. Signature and Last four digits of SSN (An adult household member must sign the application.)

If Part 4 is completed, the adult signing the form also must list the last four digits of their Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

☐ Families w/children in family day care homes:

☐ I allow my FDCH provider to collect this form

☐ I do not have a Social Security Number

Last four digits of Social Security Number: * * * *- _____

PART 6. Children's Ethnic and Racial Identities (Optional)	
Choose one ethnicity:	Choose one or more (regardless of ethnicity):
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander

CENTER/SPONSOR ORGANIZATION USE ONLY																	
This section is for the child care center or family day care home sponsoring organization use only																	
Write the total number of household members in the boxes below who qualify for PFD. Write 0 if none qualify. Only use one year when calculating income. Use the year which corresponds with the date the CIS is completed below.																	
CIS completed BY December 31, 2015		CIS completed January 1, 2016 or AFTER															
Use PFD issued October 2014		Use PFD Issued October 2015															
Total household members receiving PFDs _____		x \$ 1,884.00 = _____ (issued October 2014)															
Total household members receiving PFDs _____		x \$ _____ .00 = _____ (issued October 2015)															
ELIGIBILITY by INCOME: If there is more than one sequence of income or if the household received any PFDs you must convert all income to annual. (i.e. \$200/T, \$150/M, \$200/M & PFDs = Annual Conversion) If there is only one sequence of income and the household did not receive any PFDs then you must keep the income at the sequence received. (i.e. \$200/T, \$100/T= No conversion necessary- keep at T)		List the income by sequence from first page: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Total Income by Category:</td> <td style="width: 40%;">Conversion to Annual:</td> </tr> <tr> <td>A-Annual: _____</td> <td>x 1 = _____</td> </tr> <tr> <td>M-Monthly: _____</td> <td>x 12 = _____</td> </tr> <tr> <td>T-Twice Per Month: _____</td> <td>x 24 = _____</td> </tr> <tr> <td>E2-Every 2 Weeks _____</td> <td>x 26 = _____</td> </tr> <tr> <td>W-Weekly _____</td> <td>x 52 = _____</td> </tr> <tr> <td colspan="2">TOTAL HOUSEHOLD INCOME: \$ _____</td> </tr> </table>		Total Income by Category:	Conversion to Annual:	A-Annual: _____	x 1 = _____	M-Monthly: _____	x 12 = _____	T-Twice Per Month: _____	x 24 = _____	E2-Every 2 Weeks _____	x 26 = _____	W-Weekly _____	x 52 = _____	TOTAL HOUSEHOLD INCOME: \$ _____	
Total Income by Category:	Conversion to Annual:																
A-Annual: _____	x 1 = _____																
M-Monthly: _____	x 12 = _____																
T-Twice Per Month: _____	x 24 = _____																
E2-Every 2 Weeks _____	x 26 = _____																
W-Weekly _____	x 52 = _____																
TOTAL HOUSEHOLD INCOME: \$ _____																	
Check the sequence of income from above: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"><input type="checkbox"/> Annual</div> <div style="text-align: center;"><input type="checkbox"/> Monthly</div> <div style="text-align: center;"><input type="checkbox"/> Twice Per Month</div> <div style="text-align: center;"><input type="checkbox"/> Every 2 Weeks</div> <div style="text-align: center;"><input type="checkbox"/> Weekly</div> </div> Total Income from above: \$ _____ PFD income: \$ _____ Household size: _____ TOTAL INCOME: \$ _____																	
OR ELIGIBILITY by CATEGORICAL DOCUMENTATION: Check category from 1 st page – must have case number or documentation from Head Start agency or school <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Household Eligible: <input type="checkbox"/> SNAP/Food Stamp Household <input type="checkbox"/> ATAP/TANF/FDPIR Household <input type="checkbox"/> FREE at School <input type="checkbox"/> REDUCED at School </div> <div style="width: 35%;"> Individual Eligibility: <input type="checkbox"/> Head Start (only applies to enrollee) <input type="checkbox"/> Foster Child(ren) <input type="checkbox"/> SII/Medicaid </div> </div>																	
DETERMINATION: SPONSORS OF CENTERS: <input type="checkbox"/> Free <input type="checkbox"/> Reduced Price <input type="checkbox"/> Over Income/Paid SPONSORS OF FAMILY DAY CARE HOMES: Income Eligible for Tier I Rates <input type="checkbox"/> Yes- Eligibility Dates: _____ to _____ Approved for Own? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> No - Reason for denial: <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete documentation </div> <input type="checkbox"/> Other _____																	
Determining Official's Signature _____		Date _____															

Use these guidelines when categorizing family income

Alaska Income Eligibility Guidelines

July 1, 2015 - June 30, 2016

Reduced Price Meals – 185% of Federal Poverty Guidelines						Free Meals – 130 % of Federal Poverty Guidelines				
Household Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	27,232	2,270	1,135	1,048	524	18,954	1,580	790	729	365
2	36,852	3,071	1,536	1,418	709	25,558	2,130	1,065	983	492
3	46,472	3,873	1,937	1,788	894	32,162	2,681	1,341	1,237	619
4	56,092	4,675	2,338	2,158	1,079	38,766	3,231	1,616	1,491	746
5	65,712	5,476	2,738	2,528	1,264	45,370	3,781	1,891	1,745	873
6	75,332	6,278	3,139	2,898	1,449	51,974	4,332	2,166	1,999	1,000
7	84,952	7,080	3,540	3,268	1,634	58,578	4,882	2,441	2,253	1,127
8	94,572	7,881	3,941	3,638	1,819	65,182	5,432	2,716	2,507	1,254
For each additional family member add:										
	9,620	802	401	370	185	6,604	551	276	254	127

If the total family income is \$3,700 for a family of 3 which category would they fall into?

[Application- OMER]

Certified Count	Category	Percentage
35	Free	54%
20	Reduced Price	31%
10	Above Scale	15%
65	Total	100.00%

30 children in attendance during 30-day study period

Application- OMER

Based on 500 Lunches

Rate %	Category	% times Meals	Meals by Category	Federal Rate	Reimbursement by Rate
54%	Free	.54 x 500 lunches		4.99	
31%	Reduced Price	.31 x 500 lunches		4.59	
15%	Paid	.15 x 500 lunches		.48	
Total					



[Application- OMER

Based on 500 Lunches

Rate %	Category	% times Meals	Meals by Category	Federal Rate	Reimbursement by Rate
54%	Free	.54 x 500 lunches	270	4.99	
31%	Reduced Price	.31 x 500 lunches	155	4.59	
15%	Paid	.15 x 500 lunches	75	.48	
Total					

[Application- OMER

Based on 500 Lunches

Rate %	Category	% times Meals	Meals by Category	Federal Rate	Reimbursement by Rate
54%	Free	.54 x 500 lunches	270	x4.99	= \$1,347.30
31%	Reduced Price	.31 x 500 lunches	155	x4.59	= \$711.45
15%	Paid	.15 x 500 lunches	75	x.48	= \$36.00
Total					\$2,094.75

[Application- OMER]

- Too much math???

The Child Nutrition Program (CNP) database does the math for you

OR

Use the Rate Percentages Worksheet found on the CNP website:

<http://education.alaska.gov/tls/cnp/CACFP1.html>

[Application- OMER]

Common errors

- Leaving out drop-in children or children in special groups such as an after school program.
- Including only children who have a CIS on file instead of all who are enrolled

[Application- OMER For-Profit Eligibility]

Documented on the OMER - 25% of enrolled or licensed capacity, whichever is less

- of the children/adults are eligible for free or reduced-price meals
~or~
- of the children receive benefits from Title XX of the Social Security Act (child care centers) or Title XIX of the Social Security Act (adult day care centers)

Documentation must be maintained at center to verify the 25% criteria

When below 25% = cannot be approved for CACFP
and if already approved and do not meet 25% any month you will not receive reimbursement

[Application]

- Free & Reduced Policy Statement
 - Assures CNP that you won't discriminate & will not charge a fee for meals
- Pre-Award Civil Rights Review
 - What is the racial/ethnic make-up of your staff, children attending, and area
- CACFP Vended Food Service Agreement
 - Only used if purchasing meals

[Application]

- New Vendor form
 - Only used if you are not receiving funds from state of Alaska already
- Outside Employment Policy
 - Assures CNP that outside employment will not constitute a real or apparent conflict of interest with the CACFP

[Application]

Public Media Release

- To announce participation in the USDA CACFP and to affirm that all children are treated equally.
- Centers must submit to local media
- Centers are not required to pay a fee
- After start-up the state will complete the required media release for all programs

[Application]

- At-Risk Afterschool Meals Addendum
 - Only used if area eligible by school data
 - Site must be in area that the closest school (elementary, middle or high) has at least 50% of students eligible for free/reduced price meals
 - Contact state when applying for the At-Risk program – more paperwork required, depending on your program



[Application (Other Items to submit to State)]

- Submit with Preliminary Application:
 - Financial Documentation for your business
 - Proof of Non-Profit Status
- Submit with Application & Management Plan
 - Organizational Chart
 - Mission Statement
 - Non-discrimination Policy
 - Public Media Release
 - Cycle Menus, Recipes & Analysis
 - Copy of Community Care License
 - DEC or Municipality of Anchorage Health & Safety Documentation (Inspections, CFPM certification, food worker cards)

[Application]

Licensing Requirements

- Submit child care license with application
- When renewing child care license,
 - Update the CNP Web database with changes
 - 15 day grace period
 - May be found Seriously Deficient if current license not on file at center
- Head Start programs in Anchorage must be licensed

[Application]

- Dept. of Conservation (DEC) or Municipality of Anchorage Health & Safety documentation
 - Inspection Report
 - Certified Food Protection Manager Certificate
 - Food Worker Cards or documentation for all applicable employees

Application - Sanitation

- DEC & Muni Requirements
 - One Certified Food Protection Manager (CFPM) will be required to be on staff
 - Potentially you can have one CFPM for multiple sites if
 - Check with your local DEC or Muni Inspector first

[Application - Sanitation]

- (Multi-Location)
 - CFPM has a record on site at each location showing certification
 - CFPM is involved in day to day activities, governs the activities and is responsible for activities
 - CFPM has Food Safety Program in place for all food workers and enforces procedures

Application - Sanitation

- (Multi-Location)
 - The on-site person in charge can demonstrate his knowledge and produce all records during an inspection in the CFPM's absence.
 - All Food Workers must hold a Food Handler Card on file at each location

[Application]

USDA Commodities or Cash-in-lieu of Commodities

- ❑ USDA Commodities
- Bulk products based on average daily attendance
- Centers may select commodities and place order February each year
- Most delivered in fall / Need space for storage
- Contact Sue Lampert for more information:
 - Sue.lampert@alaska.gov

[Application]

- Cash-in-lieu of Commodities
 - If center opts out of commodities, may receive 23.75 cents for every reimbursable lunch and supper
 - Most centers choose this option
 - Convey option on CNP web database

[Communication to Programs]

■ Posted CNP Bulletins

- Includes USDA Policy Memos, State Policy Memos, Training information, CACFP resources, yearly program renewal information, grant opportunities, etc.
- Notice is posted on Welcome Page of CNP Web database with link to web page
- E-mail Food Program Contact from database
- **Your responsibility to print/read**

Child Nutrition Program (CNP) Database

- CNP Web User Request & Authorized Signer form
 - Received your User ID & Password
 - Changed your password
 - You are responsible for keeping CNP updated
 - Take off staff who no longer work with CACFP
 - Add new staff






[Child Nutrition Program (CNP) Database]

Type in URL address –

<http://www.eed.state.ak.us/tls/cnp/>

 <http://172.20.0.14/cnpweb/login.asp>



Alaska Department of Education & Early Development

Division of Teaching and Learning Support

Please Enter

User ID:

Password:

[Child Nutrition Program (CNP) Database



Alaska Department of Education & Early Development

Division of Teaching and Learning Support



Click on a puzzle piece above for the Child Nutrition Program you wish to access!

[Exit Web Site](#)

[Child Nutrition Program (CNP) Database]

After reading this message, click on the "Continue" button at the bottom of the page.

Welcome to the Child and Adult Care Food Program (CACFP)

View the most current CACFP Child Care Bulletin:

[2015-07](#)

USDA CACFP Policy Memos:

Date Issued:

[14-2015 \(v.2\) Infant Feeding in the CACFP- Revised](#)

6/24/15

[17-2015 Voluntary Menu Labeling in the National School Lunch and School Breakfast Program](#)

5/19/15

[16-2015 Office of Management and Budget Super-Circular - 2 CFR Part 200](#)

3/18/15

[15-2015 Allowable Costs Related to Physical Activity and Limiting the Use of Electronic Media in the Child and Adult Care Food Program](#)

4/17/15

[14-2015 Infant Feeding in the CACFP \(old version\)](#)

4/10/15



Child Nutrition Program (CNP) Database

If you have any questions or need assistance please contact:

Child Care Centers and Family Day Care Homes

Ann-Marie Martin, Program Coordinator

(907) 465-8711

annmarie.martin@alaska.gov

At-Risk Afterschool Meals

Alicia Stephens, Program Specialist

(907) 465-4788

alicia.stephens@alaska.gov

Education Program Assistant

Alexis Hall, Education Program Assistant

(907) 465-4969

alexis.hall@alaska.gov

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Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.



[Child Nutrition Program (CNP) Database]

Program Year Selection

Program Year	Program Begin Date	Program End Date
2007	October 1, 2006	September 30, 2007
2008	October 1, 2007	September 30, 2008
2009	October 1, 2008	September 30, 2009
2010	October 1, 2009	September 30, 2010
2011	October 1, 2010	September 30, 2011
2012	October 1, 2011	September 30, 2012
2013	October 1, 2012	September 30, 2013
2014	October 1, 2013	September 30, 2014
2015	October 1, 2014	September 30, 2015
2016	October 1, 2015	September 30, 2016

Select the program year

[Child Nutrition Program (CNP) Database]

↓ Bottom of Form

Sponsor Summary CACFP New Sponsor (500)

Packet	Applications	Claims	Payments	Users
Form Name	Revision	Status	Date Approved	Action
Sponsor Info Sheet		No Information Sheet		Add
Center Info Sheet				
501 New Sponsor Site		No Information Sheet		

↑ Top of Form

You will see 5 tabs - you can move between these tabs

CNP will do the data entry for new programs - all future program data entry & updates will be submitted by you (CACFP program administrators)

[Annual Civil Rights Training]



*Or distance training through eLearning site:
<http://education.alaska.gov/ELearning/>
(conference call attendees required to do eLearning)*

CACFP Administrative Review Processes

■ Core Review Areas we check

(we'll talk about these individually in future slides)

- Civil Rights
- Recordkeeping
- Meal Counts
- Cycle Menu/Production Records
- Administrative Costs
- Licensing Approval/Sanitation
- Training
- Self-Monitoring

Core Review Area

Civil Rights Requirements

- 'Justice for All' poster(s) displayed
- Area racial/ethnic percentage on file
- Racial/ethnic count noted by reviewer
- No discrimination taking place
- Complaint procedures understood

[Core Review Area Recordkeeping]

- Program paperwork is organized and accessible
- Records being kept for sufficient time period
- Confidentiality of participant information
- Permanent Agreement with State of Alaska on file at center
- Management Plan on file at center
- USDA Memos & State Bulletins on file

Core Review Area Recordkeeping

- All records must be maintained Current + 3 years (even if program closes)
- Fiscal Year File & Monthly Files
- Fiscal Year File
 - OMER
 - Enrollment and Eligibility Records
 - Training Records
 - Civil Rights Compliance
 - Site Reviews (self-monitoring)
 - Correspondence with CNP

[Core Review Area Recordkeeping]

- Monthly Files
 - Cycle Menu Records & Working Menu Records
 - Meal Count Records
 - Production Records (if using)
 - Daily Attendance Records
 - Documentation of non-profit food service (receipts)

Core Review Area Recordkeeping

Claim for Reimbursement

- Due in to the state agency within 60 days of the claim month (within 10 days preferred)
 - Additional 30 days for upward amendment
 - If overpaid (you found a mistake) it will always be accepted – no deadline date
- On-line claim must be submitted by authorized representative
 - DO NOT SHARE ID and Passwords

Core Review Area

Meal Counts

- Point of Service meal counts being taken
 - During meal service, not afterwards
- Consistent counting methods
- Consistent compilation of counts
- Double-check system in place
- Counting reimbursable meals only

Core Review Area

Meal Counts

- ❑ Attendance should not be used for meal counts
- Meal count at point of service on separate sheet
- If meal count is not current at review, meals will be disqualified for claim
- Documentation of adult meals (no reimbursement)

[Core Review Area Cycle Menus/Production Records]

- Working Menus are complete
- Recipes included with analysis for serving sizes
- Variety of cycle menus for the year
- Enough food is being served
- Infant menus/meal counts (required)
- Infant feeding selection forms on file for each infant

Core Review Area

Administrative Costs/Non-Profit F.S.

- Costs are accountable
- Costs match or exceed reimbursement
- Food Costs = or > than $\frac{1}{2}$ the reim.
- Reimbursement is used for CACFP
 - Food costs
 - Operating costs
 - Put back into the CACFP
 - Not used for other center programming
 - Approved costs via the approved budget

[Core Review Area Administrative Costs/Non-Profit F.S.]

- If using costs other than food
 - Labor – must have timesheets reflect CACFP hours
 - Utilities – must have a cost allocation plan to reflect percentage of costs for CACFP compared to child care program
 - If planning on using cost allocation plan submit to CNP for prior approval
 - If planning work on kitchen submit for prior approval

Core Review Area

Licensing/Approval & Sanitation

- License or Approval Posted
- Not over capacity
- Food Worker doc on file for staff
- Food Protection Manager Certificate on file for appropriate staff
- Observation of health & safety
- Using First In/First Out – dated food items, proper glove use, temps, etc.
- All required doc from DEC/Muni

[Core Review Area Training]

State CACFP Training by Child Nutrition Programs (CNP)

- Annual attendance is required
If new administrator they must attend the next CNP training
- Offered through distance delivery
- May be found Seriously Deficient for non-attendance & cannot be approved for start-up without training

[Core Review Area Training]

Agency CACFP Training by center staff

- Annual CACFP training must be conducted on-site for staff/volunteers
 - Annual Training File must include:
 - Name or topic of training with:
 - Attendee names
 - Agenda
 - Date of training
 - Location of training

Core Review Area Training

- CACFP Training Agenda template available on CNP website
 - May use with your staff trainings
 - Must use if found out of compliance
- All CNP CACFP training presentations available on-line for center use at:

<http://education.alaska.gov/tls/cnp/CACFP.html>

Core Review Area

Site Review (self-monitoring)

- 3 Monitoring/Review visits per program year required if more than one site (highly encouraged for single sites)
- Unannounced review of your site(s)
- Witness a meal
- WIC information needs to be on site
- Form available on web
 - Fill out completely
 - Summary at the end must be completed
 - 5-day Reconciliation
 - For each classroom (use addendum)

Core Review Area (self monitoring)

State of Alaska Center Monitoring Review Report (updated FY2016)

Center:				Date:		Arrival time:		Departure time:		<input type="checkbox"/> Announced <input type="checkbox"/> Unannounced		
Meal observed:				Time:		License capacity:		Today's meal count:				
Today's attendance:				0-11 Mo:		1-2 Yrs:		3-5 Yrs:		6-12 Yrs: 6-18 Yrs (At-risk Only):		
Outside-school-hours programs, at-risk afterschool programs, and emergency shelters must reconcile meals counts to attendance records.												
Reconciliation		1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day	Menu and specific foods used (record all food items served) (list infant meals on a separate page, if applicable)		Serving size			
Meal type claimed		Date: 7/27/15	Date: 7/28/15	Date: 7/29/15	Date: 7/30/15	Date: 7/31/15	Five-day average					
Meal count by type	Breakfast	12	15	14	12	10	12.6	Milk:				
	A.M. Snack							Veg/fruit:				
	Lunch	18	15	20	18	15	14.4	Veg/fruit:				
	P.M. Snack	18	17	20	16	15	17.2	Grains/breads:				
	Supper							Grains/breads:				
	Evening Snack							Meat/alternate:				
Enrollment (not required for At-risk)		20	20	20	21	21		Meat/alternate:				
Attendance		16	18	20	19	15		Other:				
Monitors reviewing sites that participate only in the At-risk Afterschool Snack/Supper component may skip questions 3, 9, 13, 14 and 15; in number 17, enrollment records are not required and therefore would not be reviewed.										Yes	No	N/A
1. Does the menu as served meet CACFP requirements?												
2. Is enough food served or available to each child with required portions?												
3. If family style service is used, is each child encouraged to take at least some of each food?												
4. Does the written menu match what was served today?												
5. Are parent requests or medical statements on file for children requesting dietary accommodations?												
6. If non-dairy beverages are offered for non-disabled children, are they nutritionally equivalent to milk?												
7. Are dietary accommodations for children with disabilities followed as prescribed in the medical statement?												
8. Is drinking water available to children throughout the day, including meal times?												

Core Review Area (self monitoring) 5 Day Reconciliation

Reconciliation		1 st Day	2 nd Day	3 rd Day	4 th Day	5 th Day	
Meal type claimed		Date: 7/27/15	Date: 7/28/15	Date: 7/29/15	Date: 7/30/15	Date: 7/31/15	Five-day average
Meal count by type	Breakfast	12	15	14	12	10	12.6
	A.M. Snack						
	Lunch	18	15	20	18	15	14.4
	P.M. Snack	18	17	20	16	15	17.2
	Supper						
	Evening Snack						
Enrollment (not required for At-risk)		20	20	20	21	21	
Attendance		16	18	20	19	15	

Document last 5 days of meal service

- ***Attendance (from actual sign in/sign out) for meal time selected***
- ***Meal Count Sheets for meal selected (B/L/Snack)
(from actual time of service meal count sheets)***

Core Review Area

Site Review (self-monitoring)

- If non-compliances are found by your monitor
- Document follow-up
 - Training of staff
 - Conversation with staff
- Check non-compliances closely on next unannounced review
- Monitor needs specific training

State Agency Administrative Review Findings

- If non-compliances are found:
 - Corrective Action required with deadline
 - Deadline date needs to be met
 - Permanently correct issue
- If corrective action deadline not met, finding not permanently corrected, or serious issues found:
 - Program will be deemed **seriously deficient**

Administrative Review Findings (by SA)

- If program found to be seriously deficient:
 - Corrective Action required with deadline
 - Deadline date needs to be met
 - Permanently correct issue
 - State agency may do follow-up review & will temporarily defer the SD
- The 2nd time program is found seriously deficient for specific finding:
 - Propose to terminate program from CACFP
 - No more opportunities for corrective action
 - Program may appeal proposed termination

Administrative Review Findings (by SA)

- If serious health & safety issues found on review or through licensing and/or false or fraudulent claims found
 - Program is immediately suspended from CACFP
 - Deemed seriously deficient and proposed to terminate from CACFP
 - Will not be reimbursed for meals during this process
 - No opportunity for corrective action
 - May appeal the suspension/proposed termination and disqualification (but not the serious deficiency)

Administrative Review Findings (by SA)

- If no appeal or appeal not overturned program will receive notice of termination
- Program and all responsible parties will be added to the CACFP National Disqualified List (NDL)
- Remain on the NDL for 7 years or longer if a debt is attached
- After 7 years the program or responsible parties can re-apply to the CACFP

[Appealable Actions]

- Denial of an institution's application
- Termination of the participation of an institution or facility
- Suspension of an institution's agreement
- Denial of all or a part of a timely submitted claim for reimbursement
- Demand for the remittance of an overpayment
- Any other action by EED affecting the participation of an institution in the Program or the institution's claim for reimbursement
- Complete list on the Appeals Procedures you received with application

[Non-profit Food Service Financial Report]

- Documents expenditure of USDA reimbursement for FY2015
 - Non-profit food service
- Submit to CNP by November 10th
- If you miss the November deadline:
 - You will be out of compliance
 - May result in loss of future program participation due to serious deficiency for late renewal paperwork

[What if you miss the deadline?]

CNS will approve within 30 days after receipt of a completed Update or Renewal packet from Center – may hold up your reimbursement

Your agency will be found out of compliance and perhaps seriously deficient.

The October claim will not be paid until the Renewal/Update is approved

[Infants and CACFP]

If your program includes infants you must take the Infant Meals Component of the CACFP on the EED e-Learning website at:

<http://education.alaska.gov/ELearning/courses.html>:[://education.alaska.gov/tls/cnp](http://education.alaska.gov/tls/cnp)



CACFP Resources

Institute of Child Nutrition – formerly

National Food Service Management Institute (NFSMI)

<http://www.nfsmi.org/>



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Our mission at ICN is to provide information & services that promote the continuous improvement of child nutrition programs.

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WHAT'S NEW

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[NFSMI Becomes Institute of Child Nutrition and welcomes Acting Director, Dr. Aleshia Hall-Campbell](#)

[Food Safety in Schools.](#)

NEWS, EVENTS, WORKSHOPS AND SEMINARS

- [ICN will be exhibiting at the Washington SNA State Conference on July 27-29, 2015 – Vancouver, WA](#)
- [SAVE the DATE: USDA/State Agency Meeting - November 2-5, 2015 - Arlington, VA](#)
- [ICN will be exhibiting at the Missouri SNA State Conference](#)

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Learn about Dr. Katie Wilson, ICN's Former Executive Director...

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<http://www.theicn.org/ResourceOverview.aspx?ID=87>



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Mealtime Memo for Child Care

Mealtime Memo for Child Care offers information for child care providers participating in the Child and Adult Care Food Program, focused on good nutrition for young children.

NFSMI's Electronic Newsletter Subscription enables you to receive the latest issue of *Mealtime Memo for Child Care* automatically each month. [Click here](#) to sign up for NFSMI's Electronic Newsletter Subscription to receive one or all of our newsletters.

[2015 Issues of *Mealtime Memo for Child Care*](#)

[2014 Issues of *Mealtime Memo for Child Care*](#)

[2013 Issues of *Mealtime Memo for Child Care*](#)

[2012 Issues of *Mealtime Memo for Child Care*](#)

[2011 Issues of *Mealtime Memo for Child Care*](#)

[2010 Issues of *Mealtime Memo for Child Care*](#)

[2009 Issues of *Mealtime Memo for Child Care*](#)

[2008 Issues of *Mealtime Memo for Child Care*](#)

Back issues of *Mealtime Memo* are available in Spanish. Click [here](#) for our Spanish language issues.



<http://www.theicn.org/ResourceOverview.aspx?ID=247>



Activities/songs/recipes for every day of the year

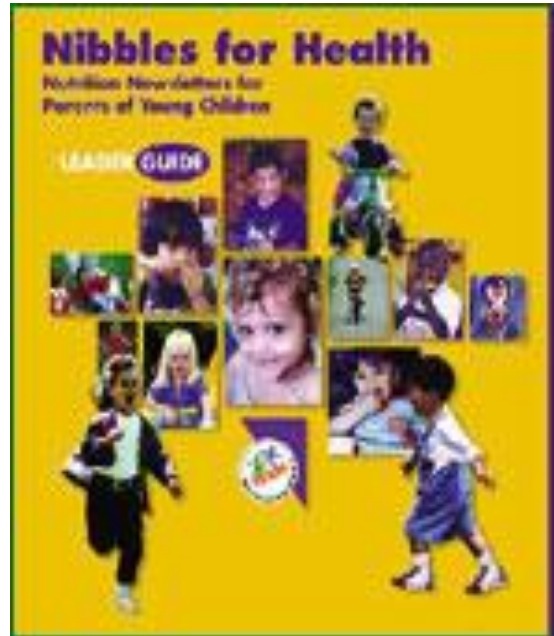
Let EED know if you would like a copy

We have the 6th edition

<http://www.fns.usda.gov/tn/resource-library>



<http://www.fns.usda.gov/tn/resource-library>



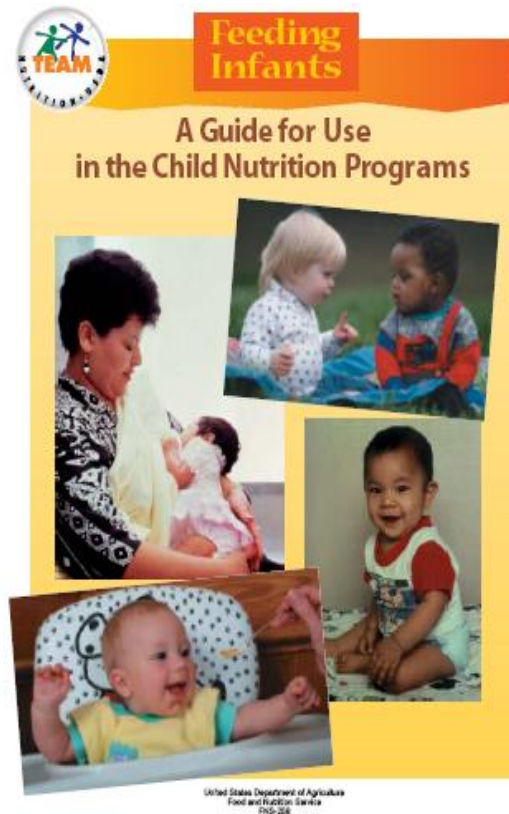
Nutrition newsletters for parents of young children

<http://www.fns.usda.gov/tn/resource-library>



<http://www.whatscooking.fns.usda.gov/>

<http://www.fns.usda.gov/tn/resource-library>



[Women, Infants, Children (WIC)]

WIC materials must be available on-site

WIC Program

PO Box 110612

Juneau, AK 99811-0612

(907)465-3100 or wic@health.state.ak.us

[Food Safety & Sanitation]

DEC, Division of Environmental Health

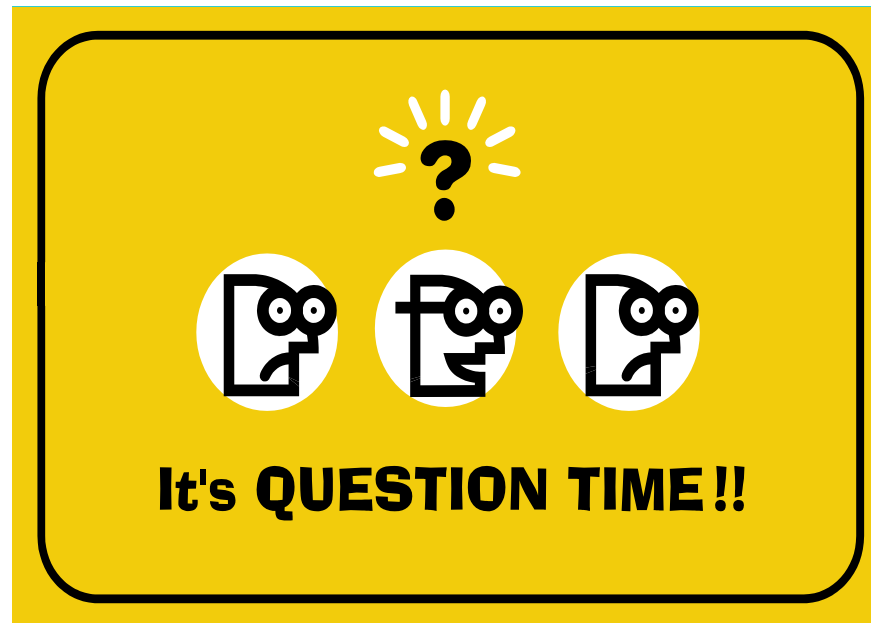
<http://www.dec.state.ak.us/eh/fss/establishments/sanstaff.html>.juneau

Muni Environmental Services

<http://www.muni.org/Departments/health/environment/FSS/Pages/fssfood.aspx>

[

]



[For More Information]

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Alexis Hall
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(907)465-4969
Alexis.hall@alaska.gov

[http://education.alaska.gov/tls/cnp/](http://education.alaska.gov/tls/cnp/CACFP.html)
CACFP.html



Part 1 - Administrative Requirements for Potential New Programs

Alaska Child and Adult Care
Food Program
July 2015